

**MONTANA BOARD OF LANDSCAPE ARCHITECTS
301 SOUTH PARK
P O BOX 200513
HELENA, MONTANA 59620-0513
(406) 841-2367 (406) 841-2309 FAX
E-MAIL: dlibsdlar@mt.gov
WEBSITE: www.mt.gov/dli/lar**

**GENERAL APPLICATION PROCEDURE
LANDSCAPE ARCHITECTS**

Landscape Architects may be licensed in Montana by providing evidence of passing all sections of The Council of Landscape Architectural Registration Boards (CLARB) exam. Please contact CLARB at 703-319-8380 or you may obtain examination information from their website at www.clarb.org.

Written notification will be sent within 14 working days of receipt of the application advising the applicant of the status of the application.

APPLICATIONS: All applicants shall:

1. Submit a completed application.
2. Applications must be signed and notarized.
3. Include a \$325.00 application/license fee. Make payment to the: Montana Board of Landscape Architects. Personal checks, money orders or cashiers checks are acceptable. Please do not send cash.
4. Include a 2 x 2 ½ inch passport-type photograph.
5. Applicants are responsible for contacting CLARB and to have exam scores sent to the Montana Board of Landscape Architects.
6. Upon approval of the application and verification of passing all sections of the CLARB exam, the applicant may be licensed.

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Application by:

☐ CLARB Record

Application by:

☐ License from Another State

1. FULL NAME _____
Last First Middle
2. OTHER NAME(S) KNOWN BY _____
3. BUSINESS NAME: _____
4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip Country
5. HOME ADDRESS _____
Street or PO Box # City and State Zip Country
- PREFERRED MAILING ADDRESS: • Business • Home E-MAIL ADDRESS _____
6. TELEPHONE: () () ()
Business Home Fax
7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____
8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE
9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)
10. CLARB CERTIFICATION NUMBER: _____

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

11. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No
12. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No
13. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No
14. List all professional/occupational licenses, registrations, or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current	Type of License

15. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?
If yes, attach a detailed explanation. ☐ Yes ☐ No
16. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes ☐ No
17. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?
If yes, attach a detailed explanation. ☐ Yes ☐ No
18. Has any legal or disciplinary action been filed against you which relates to the propriety or your
fitness to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
19. Have you ever been expelled from or asked to resign from any professional organization or been censured
by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
20. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred
prosecution) relating to, or committed during the course of your professional practice, or involving violence,
use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit:
(1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior
to your 16th birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you ever been charged with fraud, formally or informally, in any civil proceeding?
If yes, attach a detailed explanation. ☐ Yes ☐ No
22. Have you any physical or mental condition which has in the past three years adversely
affected your ability to practice this profession, including but not limited to, a contagious or infectious
disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
23. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner
which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

I authorize the release of information concerning my competence to practice, by anyone who might possess such
information, to the Montana licensing board.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my
knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial
of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable
licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined
in these documents as the basis for my application.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at

City/State

Notary Public

SEAL

For the State of

My commission expires _____, _____.